OIPE	Attorney's Docket No. 029430-501		
JUN 1 8 2003 2 IN THE UNITED STATES PATE	ENT AND TRADEMARK OFFICE		
TRADENING Patent Application of	Ju Ella		
Tamio KAWASUMI et al.	Group Art Unit: 1772		
Application No.: 10/024,566) Examiner: Alexander Thomas		
Filed: December 21, 2001) Confirmation No.: 3676		
For: LAMINATED PRODUCT HAVING SURFACE PROTECTION LAYER)))		
REQUEST FOR RECONSIDER	ATION TRANSMITTAL LETTER		

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Encl	osed is a Request for Reconsideration for the above-identified patent application.
[]	A Petition for Extension of Time is also enclosed.
[]	A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
[]	Also enclosed is/are
[]	Small entity status is hereby claimed.
[]	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
	[] Applicant(s) previously submitted, on, for which continued examination is requested.
[]	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
[X]	No additional claim fee is required.

Request for Reconsideration Transmittal Letter Application No. <u>10/024,566</u> Attorney's Docket No. 029430-501

	Application No. <u>10/024,566</u> Attorney's Docket No. <u>029430-501</u>					
[] An addition	nal claim fe	e is required, and		•	Page 2	
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE	J
Total Claims		MINUS =		× \$18.00 (1202) =		
Independent Claims		MINUS =		× \$84.00 (1201) =		
If Amendment adds multiple dependent claims, add \$280.00 (1203)						
Total Amendment Fee						
If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONA	L FEE DUE	FOR THIS AME	NDMENT			

ГЛ	A claim fee in the	amount of \$	IS	enciosea.
[]	Charge \$	to Deposit Accou	nt No.	02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: June 18, 2003

Edward A. Brown

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